

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Karson Luther	TELEPHONE NUMBER 601-359-3104	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Karson.Luther@medicaid.ms.gov	SUBMIT DATE 09/17/2012 9/14/2012	Name or number of rule(s):  Administrative Code Title 23: Medicaid, Part 103 Resources, Chapter 7 OBRA-93 and DRA Transfer Policy, Rule 7.1 OBRA-93 and DRA Transfer Policy Principles.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is a technical correction to reflect the source used to arrive at average private pay nursing facility rates and to add an exemption for non-home transfers that was inadvertently omitted.

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121

List all rules repealed, amended, or suspended by the proposed rule: Rule 7.1 OBRA-93 and DRA Transfer Policy Principles

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: *[Signature]*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by CB19131E	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.